

PSJ15 Exh 19

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

4 IN RE: NATIONAL)
5 PRESCRIPTION) MDL No. 2804
6 OPIATE LITIGATION)
7 _____) Case No.
8) 1:17-MD-2804
9)
10 THIS DOCUMENT RELATES) Hon. Dan A.
11 TO ALL CASES) Polster
12)

13 THURSDAY, JANUARY 17, 2019

14 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
15 CONFIDENTIALITY REVIEW

16 - - -

17 Videotaped deposition of Kevin
18 Webb, Fact Deposition, Volume I, held at the
19 offices of STINSON LEONARD STREET LLP, 7700
20 Forsyth Boulevard, Suite 1000, St. Louis,
21 Missouri, commencing at 2:36 p.m., on the
22 above date, before Carrie A. Campbell,
23 Registered Diplomate Reporter and Certified
24 Realtime Reporter.

25 - - -

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1 surgery on some type of analgesic, which then 15:10:54
2 led to less adverse events, shorter hospital 15:10:57
3 stays, more rapid recovery at home. 15:11:01

4 Q. Okay. And what were the -- can 15:11:05
5 you describe generally for me the steps that 15:11:17
6 you took in your advocacy role to try to 15:11:21
7 promote this MMA initiative? 15:11:25

8 A. Well, there were several -- 15:11:27
9 just trying to understand how -- how would 15:11:32
10 you communicate that out, I mean, 15:11:34
11 understand -- you know, what is it that we 15:11:37
12 want to say, "we" meaning what does the 15:11:39
13 science support. How would you support -- 15:11:44
14 how would you communicate that out. How do 15:11:45
15 you create awareness regarding MMA. 15:11:47

16 So we would look to partner 15:11:49
17 with professional organizations. There's a 15:11:51
18 group called ERISA, E-R-I-S-A. I forget what 15:11:55
19 the acronym -- but it was anesthesiologists, 15:12:05
20 and understand -- you know, helping them 15:12:09
21 understand that, you know, during the pre -- 15:12:11
22 pre and postop pain about the concept of MMA. 15:12:13

23 We would partner with hospital 15:12:16
24 associations, hospitals, and those who were 15:12:19
25 doing MMA and were generating -- had positive 15:12:21

1 results. How could we replicate that. How 15:12:26
2 could we bring that knowledge to other 15:12:28
3 hospitals. How could we create awareness 15:12:31
4 that -- with providers that there are 15:12:37
5 potentially several ways of managing pain 15:12:43
6 that didn't have to require an opioid. 15:12:45

7 Q. And you also described this 15:12:47
8 wholistic or balanced approach to pain 15:12:54
9 management. 15:12:57

10 A. Uh-huh. 15:12:57

11 Q. Did you also understand that to 15:12:58
12 be part of your responsibility in the 15:13:00
13 advocacy role, to advocate for that sort of 15:13:02
14 approach to pain management? 15:13:05

15 A. That was the impetus behind the 15:13:06
16 Alliance for Pain Management, recognizing 15:13:09
17 that not every patient needed a 15:13:12
18 pharmacological treatment, and so how -- how 15:13:14
19 could patients who needed -- and/or the 15:13:17
20 patient would want to have a treatment beyond 15:13:21
21 an opioid, have access to it. What were the 15:13:23
22 barriers to treatment, insurance companies, 15:13:28
23 others. 15:13:31

24 Q. And had anyone at 15:13:32
25 Mallinckrodt -- well, when did Mallinckrodt's 15:13:36